

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: BAG-VALVE RESUSCITATION FOR  
TREATMENT OF HYPOTENTION, HEAD  
TRAUMA, AND CARDIAC ARREST

Attorney Docket Number:: 016354-005400US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Keith

Middle Name::

Family Name:: Lurie

Name Suffix::

City of Residence:: Minneapolis

State or Province of Residence:: MN

Country of Residence:: US

Street of Mailing Address:: 4751 Girard Avenue South

City of Mailing Address:: Minneapolis

State or Province of mailing address:: MN

Country of mailing address:: US

Postal or Zip Code of mailing address:: 55409

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Vern

Middle Name::

Family Name:: Menk

Name Suffix::

City of Residence:: Minneapolis

State or Province of Residence:: MN

Country of Residence:: US

Street of Mailing Address:: 5687 Cherry Hill Road

City of Mailing Address:: Minneapolis

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55345

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Todd  
Middle Name::  
Family Name:: Zielinski  
Name Suffix::  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 48 27th Avenue, S.E. #203  
City of Mailing Address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55409

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: W.  
Family Name:: Biondi  
Name Suffix::  
City of Residence:: North Haven  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of Mailing Address:: 1601 Ridge Drive

City of Mailing Address:: North Haven  
State or Province of mailing address:: CT  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06473

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name:: Advanced Circulatory Systems, Inc.  
Street of mailing address:: 7615 Golden Triangle Drive, Suite A, Technology  
Park #5  
City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55344